DEPARTMENT OF PUBLIC HEALTH AND MELPARE .  ON THIS TURE  ANNINDED  ON THIS TURE  THE TURE OF IN TURE IN TURE  TOWN  CITY TOWN  COMMAND	MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH =62-042357									
VS 300 VS 300 VS 300 VS 405 VS 405 VS 200 VS	DEP.	ARTM	EN T	OF	PU		HEALTH AND WELFARE  Pointration District No. 137 Primary Registration District No. 7023 Registrat's No. 216	STATE FILE N	UMBER	
1. PLACE of DEATH   S. COUNTY   Henry   Section   Henry   He	DO NOT WRITE ON THIS STUB		AME	NDED			FILED NOV 2.6 1969	<del></del>	<del>·</del>	
ACCORDED 3    A						1	PLACE OF DEATH  a. COUNTY  Henry  Missouri	UNTY	admission)	
ACCORDED 3    A	Rev. 4/ J7			-			OR I I OR	•	ŀ	
April   Apri	10425			1		-	c. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)  C. FULL NAME OF (If NOT in hospital, give location)	cutside, give location)		
3 NAME OF DECEASED First Middle Corporation (December 1) First MENRY MERRITT. ADKINS OLATH November 15 1962  4 0 NAME OF DECEASED FIRST MENT MERRITT. ADKINS OLATH November 15 1962  5 SEX A. COLOR OR RACE 7. Married Novem Married D. 8. DATE OF BIRTH 9. AGE (lest bimbley) If UNDER 1 TEAR IF UNDER 2 & ME MALE OLATE White of work does with doesed D. Morried D. 9/11/96 6. Go What Country December 15 1962  7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ATE		-			HOSPITAL OR INSTITUTION Clinton General Hosp Yes No   ADDRESS 306 N M	ain St.	Yes   No	
HENRY MERRITT: ADKINS    A		. f=		+	7	_3		Month Day	Year	
Male White work done 10 Divorced   9/11/96   66   Month   Days   More   Miles   Month   Days   Day							(Type or print)  HENRY MERRITT: ADKINS  OF DEATH N	ovember 15,	1962	
Male    Male	4 6					- 5	of coton of there is married in or print of bland			
The state of the s	5 /						Male   White     -     -			
13. ATHERS MANE  13. MOTHER'S MAIDEN NAME  13. MOTHER'S MAIDEN NAME  13. MOTHER'S MAIDEN NAME  13. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE  Ruth Adkins  Clinton Missouri  15. CAPE OF DEATH MAS CAUSED BY  PART II. DEATH WAS CAUSED BY  Which gave firs to  which gave firs to  the starting the under  Indiese SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pregnancy in last 90 days.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal pregnancy in last 90 days.  The starting the under last of disease condition given in PART 1 (a)  NO II. WAS AUTOPSY 20s. ACCIGNT SUICIDE, HOMICIDE  20s. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in PART 1 or P	6	Ş				"	during most of working life, even if retired)	"	WHAT COUNTRY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no. or unknown) [If yes, give wor dates of tervices   Mrs Ruth Adkins, Clinton   Missouri    10	7 0	<u>é</u>				13		ME OF HUSBAND OR WIF	E	
10   10   10   10   10   10   10   10				İ		Cl	narles Malcolm Adkins Ida B. Earhardt Rut	h Adkins		
10 11 12   - O   S   S   S   S   S   S   S   S   S	0./	<					es, no, or unknown) if if yes, give war or dates of service	Address O.3.4 m.h.a.m	M: :	
IMMEDIATE CAUSE (a)    Myocardial Infantion		ARE			5		18. CAUSE OF DEATH (Enter only one cause per line to the server of the server)	- T   P	NIEKVAL BETWEEN	
12   - 0   25   15   15   15   15   15   15   15	10	. 1			ME				taces -	
NO STATE    STATE   State   St	11	<u>ō</u> o					A D E D D E		70	
NO STATE    STATE   State   St	12/-0	STEA STEA			ŏ		which gave rise to	<u></u>	days-	
NO SINGULAR SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.    19. WAS AUTOPSY   20a. ACCIDENT SUICIDE, HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of Item 18.)    19. WAS AUTOPSY   20a. ACCIDENT SUICIDE, HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in PART I or PART II of Item 18.)    20. TIME OF Hour   North Mile AT WORK   20c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY   20d. INJURY OCCURRED   20c. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY   20d. INJURY OCCURRED   20d. PLACE OF INJURY (e.g., in or about home, p.m.   20d. INJURY   20d. INJURY OCCURRED   20d. INJURY (e.g., in or about home, p.m. p.m.   20d. INJURY   20d. INJURY OCCURRED   20d. INJURY (e.g., in or about home, p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m	13/-0	Ĭ			-		stating the under-			
TO BE AND THE PERFORMENT TO PART II of litem 18.)  19. WAS AUTOPSY PERFORMENT THE PERFORMENT TO PART II of litem 18.)  19. WAS AUTOPSY PERFORMENT TO PART II of litem 18.)  19. WAS AUTOPSY PERFORMENT TO PART II of litem 18.)  20. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK MILE AT WORK MI		징				중	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal			
TO BE AND THE PERFORMENT TO PART II of litem 18.)  19. WAS AUTOPSY PERFORMENT THE PERFORMENT TO PART II of litem 18.)  19. WAS AUTOPSY PERFORMENT TO PART II of litem 18.)  19. WAS AUTOPSY PERFORMENT TO PART II of litem 18.)  20. TIME OF Hour Month, Day, Year INJURY OCCURRED WHILE AT WORK MILE AT WORK MI						CAT	disease condition Statum LUVY ( (a)	1 <del>, , , , , , , , , , , , , , , , , , ,</del>		
Death occurred at	K INK	DWE				CERTIFI	PERFORMED?	injury in PART I or PART I	Il of item 18.)	
NOT WHILE AT WORK   21.   attended the deceased from   // - // - // - // - // - // - // - /		AME				EDICAL	INJURY a.m.			
Death occurred at Death occurr						~	20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	COUNTY	STATE	
Death occurred at Death occurr		EAD					21. Lattended the deceased from 11-11-62 to 11-15-62 and last saw him all	ve on /1-/5	-1962	
238. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  Burial Nov 17, 1962 Englewood  25. Date RECD. By Local Rec. 726. REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REC. 726. REGISTRAR'S SIGNATURE	- BE						, OF		causes stated.	
238. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)  REMOVAL (Specify)  Burial Nov 17, 1962 Englewood  25. Date RECD. By Local Rec. 726. REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR 25. DATE RECD. BY LOCAL REC. 726. REGISTRAR'S SIGNATURE	USE						22a. SUSNATURE (Degree or title) 22b. ADDRESS	2 ,	22c. DATE SIGNED	
	_ ₹	픴					1 1 MATHURA	ussoure	17 m / / W/	
		ō			ΔĀ	23	REMOVAL (Specify)	Lity, town, or county)	(State)	
		Ž			AFF	-24	BUTIAL   NOV 17, 1962  Englewood Clintor ADDRESS 25. DATE RECD. BY LOCAL REG. 725. REGIST	RAR'S SIGNATURE	· <u> </u>	
		116					Consalus Clinton Ma Nov. 19, 1962 Neck	Edied By	jusis.	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed lugue & Ousalus
Signature of Student Embalmer	Licensed Embalmer No. 2680
	P. O. Address Unitar Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

-' 41' If this body is not embalmed, fact should be so stated above.